Welcome to UnityPoint Health!

The UnityPoint Health Credentials Verification Office (CVO) will send the applicant the online portal application invites via e-mail based on the onboarding request received via Service Now.

If the CVO has been previously made aware of a Delegate Credentialing Contact, a person who can assist with completing the portal, the delegate will also receive an invitation via e-mail.

The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

The application will slightly vary dependent upon if hospital membership/privileges are being requested or if it the request is only for PHO (Medimore Payors) participation. Applicants are responsible for the final review, signing and submitting of the portal application.

If you have any questions please contact the CVO:

UPH_CVO@unitypoint.org

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

https://www.unitypoint.org/cvo

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Invitation E-mail
The CVO will send the applicant, and if applicable the Delegate Credentialing Contact, two (2) emails. The e-mails and logins for the Practitioner and Delegate Credentialing Contacts are NOT interchangeable.

One e-mail will contain the portal link and information regarding credentialing requirements and a link to our background check authorization.

UnityPoint Health requires COVID vaccines for all providers seeking Privileges. The Applicant must provide a copy of their vaccine documentation to the CVO. Any exemptions needed for the COVID vaccines must be approved by the UPH Medical Staff Office(s) to which you are applying.

The UnityPoint Health CVO will be requiring background checks for all providers seeking Privileges and PHO membership. The Applicant must follow the link to PreCheck, Inc. and complete their online disclosure and authorization form: https://weborder.precheck.net/Release/release1.aspx?clno=12344
The second email will provide you the password to be used for your portal.

We recommend that you copy and paste the password to assure capitalization and proper letters are used. Make sure to not grab extra spaces before or after the password.
Credentialing Information to have on hand and Threshold Eligibility Criteria

The following information is provided to assist you in ensuring you have all of the information needed on your Application for quick credentialing turnaround. Please contact the CVO for any clarification needed.

**UPH_CVO@unitypoint.org**

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

Prior to starting the application completion process via the UnityPoint Health Practitioner Portal you will need to gather the following information/documents.

For an initial application, the CVO requests all of your information **dating back to Medical School**, with the exception of malpractice insurance carrier information which we only need the prior 10 years of.

**Information:**
- Your NPI number
- ECFMG number, if applicable
- Current and prior state license number(s), effective and expiration date(s)
- Current and prior DEA number(s) and expiration date(s)
- Current and prior Controlled Substance Registration number(s) and expiration date(s)
- Current and prior malpractice insurance policy(ies) information including carrier name, policy number, effective and expiration date, per incident and aggregate amount
  
  NOTE: You will need a digital copy of your current malpractice insurance face sheet as it will be required to be uploaded on the portal.
- Medical and Training Program information and date(s) of attendance
- Board/National Certification number(s), date(s), and/or eligibility status/exam date(s), if applicable
- Hospital/Ambulatory Surgery Center Affiliation information and date(s), if applicable
- Work History and Gap Explanations
- Back-Up/Covering Provider information
- Be prepared to answer questions regarding your professional history such as non-renewed Hospital privileges, financial investments/relationships, malpractice claims filed, criminal history, health and vaccine status, etc.

**Documents:**
- A PDF copy of your Current Malpractice Insurance Certificate(s)
- A digital JPEG copy of a recent professional photo (Initial Privileges only)
- A digital PDF copy of a United States government-issued ID (Initial Privileges only)
- COVID-19 vaccination information (Initial Privileges only)
The **UnityPoint Health Credentialing and Privileging Policy** outlines the Qualifications and Conditions to be eligible for initial appointment and clinical privileges in **Section 2.A.1 Threshold Eligibility Criteria**

**ARTICLE 2**
**QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES**

2.A. **QUALIFICATIONS**

2.A.1. **Threshold Eligibility Criteria:**

To be eligible to apply for initial appointment, reappointment, and clinical privileges, an individual must demonstrate satisfaction of all of the following threshold eligibility criteria, as applicable:

1. have a current, unrestricted license to practice in the state where the Hospital is located that is not subject to any restrictions, conditions, or probationary terms and have never had a license to practice in any jurisdiction denied, revoked, restricted or suspended by any state licensing agency;

2. not currently be under investigation by any federal or state agency or healthcare facility for reasons related to (i) controlled substances; (ii) illegal drugs; (iii) insurance or health care fraud (including Medicare, Medicaid or other federal or state governmental or private third-party payer fraud or program abuse); (iv) violent acts; (v) sexual misconduct; (vi) moral turpitude; or (vii) child or elder abuse;

3. have a current, unrestricted DEA registration and the appropriate state-controlled substance license, with an office address in the state where patients will be seen, and have never had a DEA registration or state-controlled substance license denied, revoked, or suspended;

4. be located (office and residence) close enough, as defined in the Medical Staff Rules and Regulations or other applicable policy, to fulfill staff responsibilities and to provide timely and continuous care for his or her patients in the Hospital;

5. have current, valid professional liability insurance coverage, with a company approved to do business in the state where the Hospital is located, or through a program of self-insurance or a combination of self-insurance and commercial insurance, in an amount approved by the Board;

6. have current, government-issued photographic identification which verifies the individual’s identity;

7. have successfully completed the following professional training requirements:

   i. a residency and, if applicable, fellowship training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, The Royal College of Physicians and Surgeons of Canada, or The College of Family Physicians of Canada, in the specialty in which the applicant seeks clinical privileges;

   ii. a dental or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association;

   iii. a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association; or

   iv. for members of the Advanced Practice Provider Staff, have satisfied the applicable training requirements as established by the Hospital;

8. satisfy the following board certification requirements:

   i. are certified in their primary area of practice at the Hospital by an approved board as
defined in this Policy; or

(ii) are within five years of completion of residency or fellowship training and achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training; and

(iii) maintain board certification in their primary area of practice at the Hospital on a continuous basis, and satisfy all requirements of the relevant specialty/subspecialty board necessary to do so;

(9) satisfy the following professional practice and experience requirements:

(i) demonstrate recent clinical activity in their primary area of practice during the last two years;

(ii) have never had staff appointment, clinical privileges, or status as a participating provider denied, revoked, suspended for more than 30 days, or terminated by any health care facility, including the Hospital, or health plan for reasons related to clinical competence or professional conduct;

(iii) have never resigned staff appointment or relinquished clinical privileges during an investigation or in exchange for not conducting such an investigation at any health care facility, including any UnityPoint Hospital;

(iv) have never had an application for appointment or clinical privileges not processed, nor had appointment or privileges administratively relinquished, at the Hospital or any of its affiliates, due to an omission or misrepresentation;

(v) have never been terminated from a post-graduate training program for reasons related to clinical competence or professional conduct (residency or fellowship for physicians or a similarly equivalent program for other categories of practitioners), nor resigned from such a program during an investigation or in exchange for the program not conducting an investigation;

(vi) not currently be under any criminal investigation or indictment and have not, within the last ten years, been convicted of, or entered a plea of guilty or no contest to, any felony, or to any misdemeanor related to: (i) controlled substances; (ii) illegal drugs; (iii) insurance or health care fraud or abuse; (iv) violent acts; (v) sexual misconduct; (vi) moral turpitude; or (vii) child or elder abuse; and

(vii) have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(10) satisfy the following Hospital practice requirements:

(i) meet any current or future eligibility requirements that are applicable to the clinical privileges being sought or granted;

(ii) if applying for privileges in an area that is covered by an exclusive contract or arrangement, meet the specific requirements set forth in that contract;

(iii) have an appropriate coverage arrangement with another member with appropriate specialty-specific privileges as determined by the Credentials Committee and the Medical Executive Committee, for those times when the individual will be unavailable;

(iv) document compliance with all applicable training, educational and practice protocols that may be adopted by the Medical Executive Committee and required by the Board, including, but not limited to, those involving electronic medical records, computerized practitioner order entry, privacy and security of protected health information, infection
prevention, and patient safety;

(v) agree to fulfill all responsibilities regarding emergency call for their specialty;

(vi) not be applying for privileges in an area that is closed pursuant to a Board staff development plan;

(vii) document compliance with health screening requirements (i.e., TB testing, mandatory flu vaccines, and infectious agent exposures); and

(11) if seeking to practice as an advanced practice provider, have a written agreement with a supervising/collaborating physician, which meets any requirements of state law and Hospital policy.

(b) An individual who does not satisfy an eligibility criterion set forth in this Section may request that it be waived.

(c) In order to be eligible for continued appointment and privileges, members must demonstrate satisfaction of the above threshold eligibility criteria, as applicable, on an ongoing basis.
Applicant Portal - Basic Info & Troubleshooting

Note the compatibility requirements.

The UnityPoint Health Practitioner Portal is located here:

Practitioner Portal

To access the Practitioner Portal as a delegated (credentialing contact) user:

Delegate Cred Contact - Practitioner Portal

Upon clicking on your portal link in the email you will arrive at the log in page. Enter your email address that your portal invitation was sent to and enter the password provided in the second email.

If the applicant cannot get the password to work try the “Forgot your password” feature, see below for troubleshooting tips. If you are still unable to access your application please contact the CVO: UPH_CVO@unitypoint.org

Welcome to the UnityPoint Health Practitioner Portal!

Browser Requirements:
- PC - Windows 7, Windows 8 and Windows 10, IE 11, Chrome
- MAC - OS-X, Chrome, Safari
- Tablets - Android/iOS, HTML5 compatible browser (Mozilla Firefox is not supported)

Email Address: susan.weber@unitypoint.org
Password: ********
Submit
Forgot your password?
Password troubleshooting:

If your password does not appear to work, you can click on the “Forgot your password?” option and you will be prompted to the following screen. Last name and first name must match with our names in the credentialing software system.

Successful matching of last name and first name to our system will be confirmed with this message stating a new temporary password has been sent to the original email where the portal invitation was sent.
The password email will ONLY give you the new password. You will use your original recredentialing portal email for the portal link.

We recommend that you copy/paste the password, making sure to not grab extra space prior or after the password.
Please be aware the application will timeout and could cause portal issues if left open for an extended length of time without activity.

If this occurs, be sure to completely close your internet browser and then retry entering the portal. Sometimes when there has been too long of inactivity, you get locked out – this closing of the browser is necessary to reset it. You may also need to clear your browser history/cache and/or restart your computer.

Once logged into the portal the main screen outlines all the required information that will be needed for application completion. The portal will walk the applicant through all the sections, providing instructions along the way.
Information will be populated in the portal if we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded.
Green highlighted sections have been added throughout the portal in areas that we have identified providers/delegates are not addressing information required.

You have been granted access to this site to permit the electronic completion of the CVO initial credentialing application packet.

Fields marked with an asterisk (*) are required. Hover over the (?) next to the field to see instructions.

Your information must be all-inclusive for the following since education to current date:
* Education/training since medical education
* All practice locations (current and resigned)
* All hospital affiliations (current and resigned)
* All employments (current and resigned)
* All insurance coverages (current and resigned)
* Any gaps of time greater than 30 days will require a gap explanation to be provided.

Some features to keep in mind:
- **Navigation:** When finished entering information on a screen click the blue "Save and Continue" button.
- **Save and Continue:** Complete all mandatory fields and any required documentation before clicking "Save and Continue." Otherwise, you will receive a "Error" message.
- **Search:** Use the "Search" feature to find and locate specific fields or complete section headers that you need to update.
- **Clear:** Use the "Clear" button to clear all fields on the screen.
- **Close:** Use the "Close" button to close the page.
- **Help:** Use the "Help" button to learn how to complete required fields.
- **Old:** Use the "Old" button to move to an older screen.
- **Previous:** Use the "Previous" button to go back to the previous page.

Fields with Red Asterisk* are required fields. If they are not filled in the portal will place a Red Flag next to the section header where a field need addressed.
Example of when answering a question may open up another required field:

U.S. Citizen = No Visa information required

Not a U.S. Citizen = Visa information required
Screen sample of a Red Flag that must be addressed or the portal will not let you submit.

You are REQUIRED to provide the name of providers or practice group that covers your patients when unavailable at each practice location.

Please note:
Only one (1) office can be checked as Primary
Only one (1) office can be checked as Mailing
You must have at least one (1) office marked as a billing office
One office can have all 3 identifications checked.

Please select the down arrow then the Edit (pencil) tool for each practice office in this section to review and update data as needed.

Oscoda Vision Center, 147 S Main ST, Oscoda, MI

UnityPoint Clinic Pediatric Gastroenterology At Galesburg, 834 N Seminary ST STE 301, Galesburg, IL
If you miss a required field, you will receive a warning to go back and fix.

If you do not address the required field a Red Flag will appear – this must be addressed, or the application will not allow you to submit the portal application. Be sure to use the “Save and Continue” button to be sure your changes are saved, and your flags are cleared.
Additional tips have been added throughout the system. They are identified with the italics symbol.

If the applicant has recently submitted other portals, they will show at the bottom of the main Welcome page.

**NOTE:** A delegate credentialer (office personnel who assist with credentialing applications) can assist with the completion of the application but ONLY THE PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.

For questions regarding packet completion and submission, email the CVO at UPH_CVO@unitypoint.org

Prior submitted applications

<table>
<thead>
<tr>
<th>UPH ReCredentialing &amp; Privileges Portal 2022 - Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted: 5/19/2022</td>
</tr>
</tbody>
</table>

If the applicant has other applications to complete there will be an option at the bottom of the main Welcome page to switch to the other application. Such as a Recredentialing application instead of an Initial application.

**PRACTITIONER IS ALLOWED TO SUBMIT THE COMPLETED FORM AND PRIVILEGES. The Delegate will receive a separate portal invitation to complete their work.**

For questions regarding packet completion and submission, email the CVO at UPH_CVO@unitypoint.org

*Not the application you were looking for? Choose another active application here:*
You can use the search feature in our Lookup lines, in the example below it shows how to look up a Hospital or Ambulatory Surgery center. Click on the italics symbol for additional search tips.

IF the facility or entity is not in the drop-down listing, simply type in the required data field information.

**Healthcare Organization Affiliations**

You are REQUIRED to list ALL Current, Pending, and Prior Hospital affiliations you have had since medical education.

If you no longer have membership and/or privileges at a listed hospital, note status of "Inactive" and provide an end date.

To add new hospital affiliations, select the gray button "Add another Healthcare Organization" on the bottom of the screen section to enter new hospital/ambulatory surgery center location.

EACH affiliation must be REVIEWED and EDITED to answer required question.

Select the down arrow then the edit (pencil) tool for each Healthcare Organization Affiliation listed in this section to review, update and answer the required question.
Basic Information Section

Remember, information will be populated in the portal if we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded.
Vital & Contact –

The Primary e-mail and alternate e-mail listed must be for the Applicant, we cannot accept a Delegate Cred Contact in the primary or alternate e-mail fields. Use the Delegated Credentialing Contact section further into the application to list the person who will assist you in completing your credentialing.

If the applicant is relocating closer to their practice start date, and their current home address will be changing at a later date or during application processing, the new local address must be passed along to the CVO for system updating.

Personal History –

Birth Country and Citizenship must be provided
Alias Information –

Please provide any former or alternate names

An Explanation for EACH Alias is REQUIRED

Add an Alias
Delegated Credentialing Contact –

If someone will be assisting you in the completion of your application their information will be populated here, if you wish to add someone to assist in your application processing please list them here. This person will then be added to your profile and will receive future messages for recredentialing, licensure expirations, etc. They can NOT submit your portal application or privilege requests.

If you do not have such a person in your office, enter the email and phone number you want to be contacted at for recredentialing and expiration notices.

Sample of screen to identify REQUIRED fields identified by Asterisks.
Practice Locations -

Remember information will be populated in the portal if we have the information in our credentialing software system already from prior information supplied by the applicant. This information needs to be reviewed by the applicant for accuracy by clicking on the down arrow next to each entry and “Edit” to review all information loaded.

- All current and prior practice locations must be listed on an initial application.
- You will need start dates for each location.
- You will need end dates for locations where you are no longer practicing – do NOT delete prior locations if any have populated. Practice locations that are listed but you no longer practice at MUST have an end date entered. This information is needed to make payer enrollment and provider directory listing updates.
The type of office is to identify the primary practice location for payer enrollment purposes.

- **Primary** = Main office
- **Additional** = Additional practice location under the same billing tax identification number (TIN)
- **Secondary** = A second billing TIN
- **Tertiary** = A third billing TIN
- **Billing Office** = If your practice locations have separate billing offices, they need to be listed
- **Mailing** = If your practice locations have separate mailing offices, they need to be listed

An example of a Provider with two separate employers, one of which has multiple clinical office locations

Primary = UnityPoint Health Express Care Moline

Additional = UnityPoint Health Express Care Rock Island

Billing and Mailing = UnityPoint Health Billing Office

Secondary and Mailing = Private Family Medicine Practice, LLC

Billing = Private Family Medicine Practice, LLC Billing Office
We must have covering Physicians/Practitioners listed for your clinical practice locations that will manage your patients when you are unavailable. Covering/Back-up Providers are Providers who will provide coverage for you when you are out of the office and unable to provide continuation of care to patients.

Your Covering/Back-up Practitioners can be a group or individual and should be listed as “GROUP NAME” or “FIRST/LAST NAME, DEGREE” to satisfy this requirement.

This requirement is applicable to Locums as well as although your role is to cover for another Physicians/Practitioner, your Locum Company, or the Practice you are covering for should be able to provide another Practitioner to cover your role in your absence.

If you are applying for privileges the covering Physicians/Practitioners you utilize must have privileges at the same UPH location you are applying for.
You may need to inform us of new practice locations. You will click the gray “Add Another Office Location” button.

![Image of office location screen]

Do NOT delete Offices—Provide an end date at the location if you are no longer practicing at a location.

You are REQUIRED to provide the name of providers or practice group that covers your patients when unavailable at each practice location.

Please note:
Only one (1) office can be checked as Primary
Only one (1) office can be checked as Mailing
You must have at least one (1) office marked as a billing office

You will need to identify the type of office – Primary, Additional, Secondary, etc. Click on the symbol for additional tips throughout the system.
Practice Location(s)

Please select the down arrow then the Edit (pencil) tool for each office in this section to review and update data as needed.

**Do NOT delete Offices** – Provide an end date at the location if no longer practicing at the location.

You are **REQUIRED** to provide the name of providers or practice group that covers your patients when unavailable at each practice location.

Please note:
Only one (1) office can be checked as Primary
Only one (1) office can be checked as Mailing
You must have at least one (1) office marked as a billing office

Add a New Practice Location By Lookup: Use A=to search by address; N=to search by Office Name; C=to search by City; T=to search by TIN. If your practice location is not in the drop down listing—enter in the required field information.
To look for a location use A=Enter address; N=Enter Office Name; C=Enter City Name or T=Enter Office TIN
Provider Languages –

We welcome providers to inform us of languages they may read, speak, or write. If you do not speak/write other languages, this section can be skipped by clicking the “Save and Continue” button.
Professional History

You must provide ALL current and inactive items for the following items in this section of the portal:

- All licenses, registrations and certifications (current and resigned)
- Admitting arrangements for UnityPoint Health
- All Healthcare Organization Affiliations (current and resigned)
- All Employment History (current and resigned)
- Gap Explanations for any gaps over 30 days in history
- Military Service
- Peer References
- Current and Past Insurance Carriers

To add licenses, EGA or CDA click on the green button "Add State License" and then use the drop down to select the type of additional license you are adding.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.
Licensure, Registrations, and Certification Information -

All current, pending, and prior licenses, registrations, and certifications held must be provided. If we have information in our system already it will populate, and you will need to review those lines for accuracy.

- You will use the ID Type drop down to add and review licenses, registrations, and certifications.
- Advanced Practice Practitioners (ARNP, PA-C) must identify a supervising provider for their licensure unless a waiver has been approved. For additional information on waivers, contact the CVO, UPH_CVO@unitypoint.org.
- All current and prior licenses within the requested time period need to be listed on your Application. For Licenses that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.
  - If you have reported Training Programs, Hospitals, and Work History in a certain state, have you also provided us that State License, CSA, and DEA information?
  - If your employer is based in a state that you do not work in please add a comment to that employment history entry to explain. For example, you work for a locums company based in Texas, but you only work in Nebraska, Illinois, and Iowa.
- You must verify the status and limitations of all your licensure.

  Regarding the question “Is this license unlimited?”
  - A “Yes” answer is appropriate if your licensure has no limitations beyond the regular scope of practice. For example, a mid-level provider practicing under the supervision of a Physician is not a limitation if that falls under the regular scope of practice. Or a Controlled Substance or DEA certificate that does not include schedule I drugs, substances, or chemicals; Schedule I are defined as drugs with no currently accepted medical use and as such this schedule is not typically issued.
  - A “No” answer is required if there are any limitations to your licensure. For example, a license issued only for public agency or non-profit employment, or a DEA issued only for a University.
- Enter “NA” for the state if it is not a state specific ID number such as NPI, ECFMG, or a CPR certificate.
Licensure, Registrations and Certification Information

Each license, registration and certification must be reviewed and edited.

To add additional licenses, registrations or certifications, click the gray button labelled “Add License/NPI/Life Certifications” and then select the item from the drop down you need to add.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.

Do NOT delete listed licenses. If you have not renewed, enter the expiration date and select the option “Not Renewed” in the drop down list.

You are REQUIRED to have an NPI listed in the licensure section. Enter NA for the state.

Add License/NPI/Life Certifications

I do not have a State License
Example of where to use the drop down to find the new item you are adding in this section.

Example of where to use the drop down to review and edit an item that was prepopulated in this section.
Sample of State License Screen

To add additional licenses, registrations or certifications, click the gray button labelled "Add License/NPI/Life Certifications" and then select the item from the drop down you need to add.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.

**Do NOT delete listed licenses.** If you have not renewed, enter the expiration date and select the option "Not Renewed" in the drop down list.

You are REQUIRED to have an NPI listed in the licensure section. Enter NA for the state.

ID Type *State License
ID Number - Enter N/A if not applicable
Issue Date
Expiration Date
State License Status
Is the State License Unlimited? *Yes *No

ALL ARNPps and PAs - UPH requires a supervising physician to be identified. Please list your supervising physician or contact your Clinic Director if you have questions on who you should list.

Supervising Physician
Name

Sample of Controlled Substance Screen

Licensure, Registrations and Certification Information
EACH license, registration and certification must be reviewed and edited.

To add additional licenses, registrations or certifications, click the gray button labelled "Add License/NPI/Life Certifications" and then select the item from the drop down you need to add.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.

**Do NOT delete listed licenses.** If you have not renewed, enter the expiration date and select the option "Not Renewed" in the drop down list.

You are REQUIRED to have an NPI listed in the licensure section. Enter NA for the state.

ID Type *Controlled Substance
ID Number - Enter N/A if not applicable
Issue Date
Expiration Date
CSA License Status
Is the Controlled Substance Unlimited? *Yes *No
Sample of DEA Screen

**Licenses, Registrations and Certification Information**
EACH license, registration and certification must be reviewed and edited.

To add additional licenses, registrations or certifications, click the gray button labelled "Add License/NPI/Life Certifications" and then select the item from the drop down you need to add.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.

**Do NOT delete listed licenses. If you have not renewed, enter the expiration date and select the option "Not Renewed" in the drop down list.**

You are REQUIRED to have an NPI listed in the licensure section. Enter NA for the state.

---

Sample of NPI Screen

**Licenses, Registrations and Certification Information**
EACH license, registration and certification must be reviewed and edited.

To add additional licenses, registrations or certifications, click the gray button labelled "Add License/NPI/Life Certifications" and then select the item from the drop down you need to add.

Select the down arrow then the edit (pencil) tool for each license, registration and certification listed in this section to review and update data as needed.

**Do NOT delete listed licenses. If you have not renewed, enter the expiration date and select the option "Not Renewed" in the drop down list.**

You are REQUIRED to have an NPI listed in the licensure section. Enter NA for the state.
Admitting Privileges –

The UnityPoint Health PHO-Medimore needs to know admitting arrangements for reporting to payers. If a provider is not seeking hospital admitting privileges a group must be identified for covering hospital admissions. A UPH hospital needs to be identified too. This does NOT mean you can only send patients to that hospital.

This is a requirement for the UnityPoint Health PHO, Medimore, participation. You will enter the start date that the admitting arrangement was made for the hospital location.

If you have questions on this requirement, please submit your question to uph_medimorecred@unitypoint.org

DIRECT PATIENT CARE PROVIDERS - Participation in the UPH-Medimore PHO requires either hospital admitting privileges or a documented patient care arrangement for hospital admitting of your patients and an identified primary hospital utilized.

Non-direct patient care providers (Social Workers, Physical/Occupational Therapists, etc.) can enter N/A in the pop-up boxes.

Do you have hospital admitting privileges? *

- Yes
- No

* Indicates a required field
Sample of screen when answer is “Yes”

Admitting Privileges

DIRECT PATIENT CARE PROVIDERS - Participation in the UPH-Medimore PHO requires either hospital admitting privileges or a documented patient care arrangement for hospital admitting of your patients and an identified primary hospital utilized.

Non-direct patient care providers (Social Workers, Physical/Occupational Therapists, etc.) can enter N/A in the pop-up boxes.

Do you have hospital admitting privileges? *  
□ Yes  □ No

* Indicates a required field

Click “Save and Continue” to move to the next section, Healthcare Organization Affiliation.

Sample of screen when answer is “No”

Admitting Privileges

DIRECT PATIENT CARE PROVIDERS - Participation in the UPH-Medimore PHO requires either hospital admitting privileges or a documented patient care arrangement for hospital admitting of your patients and an identified primary hospital utilized.

Non-direct patient care providers (Social Workers, Physical/Occupational Therapists, etc.) can enter N/A in the pop-up boxes.

Do you have hospital admitting privileges? *  
□ Yes  □ No

* Indicates a required field

You are REQUIRED to provide the following information

Provide Name of Admitting Physician or Group *

Provide Name of Primary Hospital Where Sending Admits *

Click “Save and Continue” to advance to the next section, Healthcare Organization Affiliations.
Healthcare Organization Affiliations -

You must enter all hospital and ambulatory surgery center affiliations – current, pending, and prior.

Do NOT delete facilities that you no longer hold membership/privileges. We must have your end date at the location. For affiliations that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

We need to know the status of your membership/privileges at each facility.

* Indicates a required field
You will need to identify your current status at each facility.

To add in new facilities, you will select the Gray box circled in red below, and then on the following screen you need to identify them as Current or Prior in the drop down box.
Screen shots of information needed for each affiliation.

If your membership is pending, you must identify it in the Status field and check the appropriate box. Use the date you applied to satisfy the “Start Date” requirement if needed.

**Healthcare Organization Affiliations**

**You are REQUIRED to list ALL Current, Pending, and Prior Hospital affiliations you have had in the last 4 years.**

**If you no longer have membership and/or privileges at a listed hospital, select status of “Inactive” and provide an end date.**

**EACH affiliation must be REVIEWED and EDITED to answer required question.**

Select the down arrow and then the edit (pencil) tool for each Healthcare Organization affiliation listed in this section to review, update and answer the required question.

**MEDMORE PHO REQUIREMENT:**

MD/DO, ARNP and PA practitioners (excluding Allergy/Immunology, Anesthesiology, Dermatology, Emergency Medicine, Genetics, Occupational Medicine, Physical Medicine, Palliative Medicine, Pathology, Public Health, Radiology, and Radiology/Oncology) requesting participation with Medimore PHO are required to have either admitting privileges or a way to admit patients at a Medimore participating hospital.

If you do not require admitting privileges, please select Save and Continue.

I do not have hospital privileges but have the following arrangement for my patients to be admitted:

<table>
<thead>
<tr>
<th>Current or Prior Affiliation</th>
<th>Current Healthcare Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Lookup</td>
<td>Organization Name</td>
</tr>
</tbody>
</table>

* Indicates a required field
When adding in new facilities, you can use the search feature in the Organization Lookup line identified below. Click on the italics symbol for additional search tips.

IF the facility is not in the drop-down listing, simply type in the required data field information.
Healthcare Organization Affiliations

You are REQUIRED to list ALL Current, Pending, and Prior Hospital affiliations you have had in the last 4 years.

If you no longer have membership and/or privileges at a listed hospital, note status of "Inactive" and provide an end date.

EACH affiliation must be REVIEWED and EDITED to answer required question.

Select the down arrow then the edit (pencil) tool for each Healthcare Organization Affiliation listed in this section to review, update and answer the required question.

MEDICARE PHO REQUIREMENT:

MD/DO, ARNP and PA practitioners (excluding Allergy/Immunology, Anesthesiology, Dermatology, Emergency Medicine, Genetics, Occupational Medicine, Physical Medicine, Palliative Medicine, Pathology, Public Health, Radiology, and Radiology/Oncology) requesting participation with Medimore PHO are required to have either admitting privileges or a way to admit patients at a Medimore participating hospital.

I do not have hospital privileges but have the following arrangement for my patients to be admitted

- [ ] Current or Prior Affiliation
- [ ] Organization Lookup

Organization Name *: Organization Name
Primary? [ ]
Address: [ ] Suite # [ ]

* indicates a required field
Employment History -

You are REQUIRED to list all employment engagements since completion of Medical School.

All work engagements must be entered, including explanation of any gaps in your employment greater than 30 or 60 days as requested in your portal.

If you are no longer employed with an entity, you must enter an end date. A current employer is required to be listed, if you end your employment with a location ensure you have entered a new employer if they are not already reported on your application, this includes future employment.

**NOTE** – Practice locations that are under the same employer do not get listed here. Only enter your primary location with that employer in this section, and any additional locations you practice at or billing/mailing locations under your employer should be listed under the Practice Locations section of the portal application. See some common examples below:

**Employer with multiple clinic locations**

If you are employed by an entity that has multiple clinical locations we only need the primary location listed in your employment history, we do not need all of the various clinic office locations you may see patients at under that employment history.

For example, UnityPoint Health/UnityPoint Clinic Providers will often go to multiple clinics or work in multiple emergency departments as part of their employment. It is unnecessary to list all UnityPoint locations that you may see patients at under employment history as all those locations are for the same employer, you will just list UnityPoint Health once with your original start date.

**Locum Employer**

If you are employed by a locums agency we only need the agency listed in your employment history, we do not need all of the clinical assignments and locations you were assigned to with that agency under work history.
### Employment History

List chronological (most recent first) ALL work engagements, including self-employment, service as an independent contractor, and military service you have had since medical education.

- If there is any gap of greater than 30 days in the chronology, select the gray button, "Add Employment/Gap/Military" and use the drop to select the Gap Explanation option.
- If you have multiple practice locations associated with an employer – only list the main employer in this section. Practice locations are to be listed in the prior section called Practice Locations. Select the drop down option for the Type of New Entry.
- Do not duplicate internship, residency, and fellowship information reported in the upcoming Medical School & Training Programs section.

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<table>
<thead>
<tr>
<th>Type of Employment</th>
<th>Work History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name/Reason</td>
<td>For Gap #</td>
</tr>
<tr>
<td>Address</td>
<td>Suite #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td>Fax #</td>
</tr>
<tr>
<td>Position held</td>
<td>Primary Activity</td>
</tr>
</tbody>
</table>

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* Indicates a required field

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Do not duplicate or list practice sites in this section if they are with the same employer. You should only list your practice locations in the prior application section called Practice Location Section.
In order for the “Thru Date” to populate you must check “No” for “Currently Employed?” , even for Gap Explanations
Current and Past Insurance Carriers –

All current and prior malpractice insurance carriers must be entered for the timeframes requested on your portal application, including coverage during training programs and with prior employers. For insurances that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.

If you are unaware of the current and past insurance carriers that afford(ed) your coverage then you and/or your delegate credentialing contact will need to contact your prior employers, training programs, and/or possibly prior medical staff offices to obtain this information.

We do not require copies of prior certificates of insurance but if you have copies or are able to obtain those it may expedite the credentialing process.

UnityPoint Health (UPH) applicants – Please collaborate closely with your recruiter to validate the entity that will be providing current malpractice coverage for you, so that you can add that info here. You will likely list your coverage as “UnityPoint Health Self Insured”

Due to the various employing entities within UPH the CVO will request the appropriate Self Insured Policy you will be covered under and request the Certificate upon receipt of the portal application.
All coverage must be accounted for each training program and employer, there is a field for you to identify the education program or employer associated with each coverage entry you add.

Current and Past Insurance Carriers

- List ALL professional liability insurance carriers from who you have received coverage in the past 10 years (including education program, coverage during the past 10 years) and even if the coverage has ended.
- EACH carrier must be REVIEWED and EDITED to answer required questions.

Select the down arrow and then the edit (pencil) tool for each entry to review, update and answer the required questions.

The CVO welcomes copies of both current and prior insurance facesheets to assist in identifying the carrier proper name.

Identify the Education Program or Employer Associated with this coverage:

What type of coverage do you have? [ ] Claims Made [ ] Occurrence

Has any judgment or payment of claim or settlement amount exceeded the limits of this coverage? [ ] Yes [ ] No
Peer References -

There are various requirements for who we need a peer reference form completed by, carefully review the type of references that are required.

- Advanced Practice Providers – you MUST list your supervising physician as one of the five peers.

Peer References

Please list the names of 5 individuals who have personal knowledge within the past 12 months of your current clinical abilities, ethical character and interpersonal skills and who would be willing to provide this information upon request.

If peers do not meet the above criteria, you will be asked to provide additional peer references that meet the criteria.

If you completed a training program within the last 5 years, one of your references MUST be your program director.

REQUIRED PEERS:
1. Department Chair/Medical Director from your current, primary hospital affiliations with first-hand knowledge of your competence within the last 12 months.
2. Peer from your specialty and same discipline (physician-physician, dentist-dentist, etc.) with first-hand knowledge of your competence within the last 12 months.
3. Training Director, if training was completed within the last 5 years.
4. ARNP and PA-Cs – You MUST list your Supervising/Collaborating physician as one of your peer references, unless a UnityPoint Health Waiver of this requirement has been granted to you.

(If you are unsure if a waiver has been given, contact the CVO at UPH_CVO@unitypoint.org)
Education and Training Section

You will add your medical education and training program information, we do not need Pre-Med or High School information.

You must include an explanation of any gaps in your medical training greater than 30 days or 60 days as requested in your portal.

Education and Training

This section has 2 parts. Here's the key information you will need to complete this section applicable to your specialty:

- Medical education and residency/fellowship training
- Board certification

Education timeline should begin with highest level of education. Do NOT include undergraduate education.
Medical Education/Clinical Training Update -

There is a drop down table to search for education and training. If the location is not found, manually enter the contact information.

Any gaps in training greater than 30 days, as well as information on any programs started but not completed must be included.
Medical Education/Clinical Training Update

Please list ALL your applicable Medical Education, including all internships, residencies and fellowships and/or clinical training, including training not completed.

Any gaps in training greater than 30 days, as well as information on any programs started but not completed must be included.

What type of education? * Medical Education

University Lookup

University Name

Address

City, State, Zip

Suite #

Country

Specialty *

Program Director

Program Office Email

Address

Program Office Phone #

Program Office Fax #

From Date *

Thru Date *

Were you the subject of any disciplinary action during your attendance at this institution? * Yes No

Did you successfully complete this program? * Yes No
Board Certifications/National Certifications -

Board/National Certification is a threshold requirement for application processing. Board eligibility information must be completed if you are not currently Board certified.

Advanced Practice Providers you will list your national certifications in this section.

For certifications that are no longer active, please review the Disclosure Questions and complete associated Disclosure Forms if applicable.
Board eligibility information must be completed if you are not currently Board certified.

Board/National Certification
Please provide information about the Specialty in which you are Board Certified or may become Board Certified.

You are REQUIRED to enter any scheduled or recently completed exam dates.

Are you Board certified?  □ Yes  □ No

Find Specialty Look Up
Board Certification
Specialty □
Practicing this Specialty?  □ Yes  □ No

Certification Number:

If not certified, are you eligible to take Boards?  □ Yes  □ No

Have you taken the specialty boards certification?  □ Yes  □ No

Are you scheduled to take the specialty board exam?  □ Yes  □ No
Disclosure Question Section

These questions are required to be completed reflecting on your history since Medical Education. Providing the answer to these questions gives the CVO a complete picture of your professional history.

Any questions answered “YES” will need the associated supplemental information field or form completed. If the form is not completed, the CVO will return the application for completion, causing delays in processing.

The disclosure questions and forms will vary based on where you will be credentialed.

- If you are strictly being credentialed for Iowa you will be asked the exact questions from the Iowa state credentialing application.

- If you are being credentialed for Illinois you will be asked the exact questions from the Illinois state mandated credentialing application.
Iowa:

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred since Medical Education:

4. Have you ever voluntarily or involuntarily withdrawn from a clinical, medical, dental or professional staff?
   - Voluntarily resigned hospital or other healthcare affiliation privileges while in good standing due to a change in practice, employment, moving, etc.
   - Involuntarily resigned hospital or other healthcare affiliation while under investigation or to avoid investigation or due to disciplinary action

5. Have you ever voluntarily or involuntarily withdrawn a request for an increase in privileges?
   - Voluntarily withdrew due to a change in practice, employment, moving, etc.
   - Involuntarily withdrew to avoid investigation or reporting to a database

16. Has your malpractice insurance ever been denied, suspended, limited, not renewed or terminated by a carrier? (If yes, explain on Addendum C/Addendum A)
   - Carrier chose not to renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations
   - This would not apply to a situation where an employer changes insurance carriers for employed providers, coverage changes due to a change in employment, or similar situations

17. Have you ever had a malpractice case filed against you? (If yes, explain on Addendum C/Addendum A)
   - If you have any malpractice claims filed against you

18. Have you ever had a malpractice judgment entered against you? (If yes, explain on Addendum C/Addendum A)
   - If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

19. Have any malpractice settlements ever been made on your behalf? (If yes, explain on Addendum C)
   - If you have any malpractice claims filed against you that resulted in settlement payments being made

20. Are there any open claims or pending malpractice cases presently filed against you? (If yes, explain on Addendum C/Addendum A)
   - If you have any open malpractice claims filed against you

21. Has/have any adverse action(s) or malpractice report(s) about you been made to the National Practitioner Data Bank, or any other databank?
   - If you have any reports made to the NPDB or any other databanks
REMEMBER – If any of the Disclosure Section questions were answered “YES” the matching Disclosure Field or Form MUST be added and filled out with additional details.

For Questions #1-#15 and #21-#24 you will have a field to fill in for each “YES” answer

4. Have you voluntarily or involuntarily withdrawn from a clinical, medical, dental or professional staff?

   * [ ] Yes  [ ] No

   Please provide an explanation *

Voluntarily resigned Hospital privileges when moving out of State due to employment change

For Questions #16-#20 you will need to “Add Professional Liability Incident” and then select “YES” when presented the option to be directed to fill out the Liability Claims Information – Addendum A. You can add as many forms as needed.

If all of the Disclosure Section questions were answered “NO”, you will still need to select “Add Professional Liability Incident” and then select “NO” when presented the option in order to continue to the Investments, CME/CEU, and Flu Vaccine questions.

Even if you have no Claims to report, please select “Add Professional Liability Incident” and then select “NO” to proceed to the next section.
Special Note for Question #16: You will need to “Add Professional Liability Incident” and then select “YES” to fill out the Liability Claims Information – Addendum A on the following page and complete the following fields:

- Which disclosure question is the explanation associated with?: 16
- Insurance Carrier Name: Name of the carrier that denied, suspended, limited, not renewed, or terminated coverage
- Describe your involvement with the patient’s care. Your narrative must include the following at a minimum: 1. Condition and diagnosis at time of incident, 2. Dates and description of treatment rendered, 3. Condition of patient subsequent to treatment: The explanation of the circumstances surrounding the yes answer to this question.

Example of the Liability Claims Information – Addendum A for Question #16
Illinois:

Please carefully review the following questions as the CVO commonly needs to request clarification or correction to applications regarding. Provided are some examples of when it may be appropriate to answer these questions yes if it occurred since Medical Education:

Adverse or other Action - 3. Have you lost any board certification(s), and/or failed to recertify?
- If you have voluntarily decided not to renew your boards for any reason, such as only maintaining your subspecialty or a change in practice
- If you failed your recertification requirements
- If you have a lapse in certification
- If your certification was revoked by the specialty board

Adverse or other Action - 5. Has any information pertaining to you, including malpractice judgments and/or disciplinary action, ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank?
- If you have any reports made to the NPDB or any other databanks

Adverse or other Action - 8. Have you voluntarily or involuntarily relinquished or failed to seek renewal of your hospital or ambulatory surgery center privileges for any reason?
- Voluntarily resigned hospital or other healthcare affiliation while in good standing due to a change in practice, employment, moving, etc.
- Involuntarily resigned hospital or other healthcare affiliation while under investigation or to avoid investigation or due to disciplinary action

Professional Liability - 1. Have any professional liability judgments ever been entered against you?
- If you have any malpractice claims filed against you where a settlement did not occur, and a judgement payment was made against you instead

Professional Liability - 2. Have any professional liability claim settlements ever been paid by you and/or paid on your behalf?
- If you have any malpractice claims filed against you that resulted in settlement payments being made

Professional Liability - 3. Are there any currently pending professional liability suits, actions and/or claims filed against you?
- If you have any open malpractice claims filed against you

Liability Insurance - Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, non-renewed or limits reduced?
- Voluntarily non-renewing carriers due to employer choice to change insurance carriers, coverage changes due to a change in employment, or similar situations
- Carrier denied, cancelled, reduced, non-renew or terminated your malpractice insurance coverage due to no longer meeting criteria for coverage such as high risk procedures, frequency and severity of claims, payout amount of claims, and similar situations
REMEMBER – If any of the Disclosure Section questions were answered “YES,” the matching Disclosure Field or Form MUST be added and filled out with additional details.

For **Adverse or other actions** please complete a Form A
For **Professional Liability Action** please complete a Form B
For **Criminal Action** please complete a Form C
For **Medical Conditions** please complete a Form D
For **Chemical Substances or Alcohol Abuse** please complete a Form E

Select “Add a form” and you will be presented with the Disclosure Form Drop Down, you can add as many forms as needed. If you have no questions answered yes and have no forms to complete select “Save and Continue” instead.

Disclosure Forms
If you answered “YES” to any disclosure question, please fill out the appropriate form:
- Adverse or Other Actions – Form A
- Professional Liability Actions – Form B
- Liability Insurance – Form C
- Criminal Actions – Form D
- Medical Condition – Form E
- Chemical Substances or Alcohol Abuse – Form F

Form: [dropdown]

* Indicates a required field
Example of the Adverse and Other Actions Form A for **Question #8** when you have resigned privileges due to a change in employment

- **Form**: Adverse and Other Actions
- **Question Number**: 8
- **Describe the circumstances surrounding this occurrence**: Voluntarily resigned from Hospital Name due to changing employers and moving and was in good
- **Provide an explanation of any actions taken**
- **Provide the current status of the issue**
- **Contact Name**
- **Contact Department/Committee**
- **Contact Address (Street, City, State, Zip)**
- **Contact Phone**
Privileges Section (N/A for PHO only enrollment)
This section is only in the portal utilized for applicants seeking hospital membership/privileges.

Providers who are needing to be credentialed at hospitals for membership/privileges will see a section called “Privileges” on the top of the portal page.

To view and complete the privilege forms you must click on the words “Request Privileges” on the left side of the screen.

You will need to click on EACH privilege set name to open the form for requesting the privileges.

At the end of the privilege request form, you MUST click the “Submit” button.
Once successfully submitted, the main Privilege Section screen changes to show you have requested the privileges with a date noted.

You may be prompted to add your Date of Birth before the portal privileges will fully submit. If you are using two (2) monitors, watch for this message to appear on your second screen.
Required Documents Section

Upload Documents -

Documents must be in jpeg or pdf format for uploading. Please ensure your Practitioner Photo is in JPEG. Documents uploaded as a word, excel, or other file type may delay application processing.

The Red Asterisk* identifies required documents. IF you would like to upload additional documentation on the list, the CVO will save them in the credentialing system.
You can click on the upload icon next to the document you want to upload to the CVO.
Forms -

The forms will populate with the information supplied thus far in the portal and are viewable by clicking on the blue “View Form” button.

You will not download and sign these forms - they are available for your review. As soon as you hit the submission button on your application your electronic signatures will be populated on the forms.

Your electronic signature does not appear on the forms until the portal application is submitted.

You will need to click the box below View Form for the forms for your electronic signature and date stamp to be placed on the forms.
Forms

The following forms require your review and attestation of accuracy. The system will automatically place your electronic signature on the form when you check the attestation box under each form viewing option when the application is submitted to the CVQD.

NOTE: When selecting "View Forms" the forms will pull up in pdf, if your information is extensive, the forms may take a bit to appear for viewing.

APP Medicare and Medical Acknowledgement (Universal)

View Form

☐ I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief.

Next

APP Consent and Release (initial)

View Form

☐ I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief.

Next
Forms

The following forms require your review and attestation of accuracy. The system will automatically place your electronic signature on the form when you check the attestation box under each form viewing option when the application is submitted to the CVG.

NOTE: When selecting "View Forms" the forms will pull up in pdf. If your information is extensive, the forms may take a bit to appear for viewing.

Corporate Compliance Form

View Form

☐ I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief.

Previous
Review and Submission Section

All portal sections must have a blue check mark underneath their headers.

You must have all sections of the portal checked off in order for the application to successfully submit.

In order to submit your completed application, please make sure all required fields have been populated and accepted. All sections of the portal should have blue check marks. If you are seeing red flags appearing in any section, you must click into the area and address the item flagged. Make sure all required documents have been uploaded and/or signed.

**NOTE:** Only the Practitioner is allowed to submit the application. If you are a delegate user and the application is complete, please inform the practitioner to submit the application via their portal.

Click Continue when you are ready to submit.

Successfully completed sections above will appear with a **blue check**.

Please review any areas that do not contain a **blue checkmark** and look for the **red flags that identify missed required information**. All red flags must be addressed in order for the portal to successfully submit.

The final Submit button displays once all sections are complete.

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Status: 100% Complete

<table>
<thead>
<tr>
<th>Section</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Information</td>
<td>✔</td>
</tr>
<tr>
<td>Professional History</td>
<td>✔</td>
</tr>
<tr>
<td>Education and Training</td>
<td>✔</td>
</tr>
<tr>
<td>Disclosure Questions</td>
<td>✔</td>
</tr>
<tr>
<td>Privileges</td>
<td>✔</td>
</tr>
<tr>
<td>Required Documents</td>
<td>✔</td>
</tr>
</tbody>
</table>
If you see a missing checkmark, return to the section, and look for a Red Flag.

Below is an example of a portal that has two (2) sections that are not complete.

You can click into the section and a Red Flag will identify the item that is need further completion. Look for the red Asterisk fields in the sections.
Once all sections are successfully complete the portal is now eligible for submission.

Disclosure Questions

Please provide information on your professional history over the past four years.

The questions are divided up in the following categories:

- Adverse or Other Actions
- Professional Liability Actions
- Liability Insurance
- Criminal Actions
- Medical Condition
- Chemical Substances or Alcohol Abuse
- CME Attestation
- Flu Vaccine Attestation

Please note: If you need to report multiple incidents, please complete all questions then complete additional incidents on appropriate form(s) in the Additional Forms section. You will need to complete a separate form for each incident.
Click the “Submit” Button

<table>
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</tr>
<tr>
<td>Privileges</td>
<td>✓</td>
</tr>
<tr>
<td>Required Documents</td>
<td>✓</td>
</tr>
</tbody>
</table>

You will be prompted to add your Date of Birth before the portal will fully submit. If you are using two (2) monitors, watch for this message to appear on your second screen.
Upon successful submission the main page of the portal will show a submission message.

NOTE: If the submission message notes a problem occurred, please reach out to the CVO, UPH_CVO@unitypoint.org
Next Steps
The application will then begin processing by the CVO. The Applicant will be contacted by a Credentialing Coordinator should anything additional be needed to process the application. The applicant may be asked to return to the portal for corrections on the application or they may be asked to provide those corrections via e-mail.

You can access the Portal to download a copy of your completed application once you have hit submit.

If you have any questions please contact the CVO:

UPH_CVO@unitypoint.org

Provider Assistance Line available from 7:00am-5:00pm CST: 515-241-7977

https://www.unitypoint.org/cvo

You can check status of your application using the CAT (Credentialing Application Tracker) on the CVO service now website: Credentials Verification Office Portal (service-now.com)